

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------|-----------------|
| FEE DETERMINATION | <i>LM</i> | <i>68904</i> | <i>4/2/00</i> |
| O.I.P.E. CLASSIFIER | <i>MD</i> | <i>59</i> | <i>04-12-00</i> |
| FORMALITY REVIEW | <i>[Signature]</i> | <i>71531</i> | <i>6-7-00</i> |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | <i>71531</i> | <i>8-9-00</i> |

INDEX OF CLAIMS

| | | | |
|----|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| =" | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 1.21.01 |
| 2 | ✓ | ✓ | 02.04.02 |
| 3 | ✓ | ✓ | 02.10.02 |
| 4 | ✓ | ✓ | 02.10.02 |
| 5 | ✓ | ✓ | 02.10.02 |
| 6 | ✓ | ✓ | 02.10.02 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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